

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Louisiana Reform PAC

ADDRESS (number and street) ▼

PO Box 1542

☐ Check if different than previously reported. (ACC)

Shreveport

LA

71165-1542

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00409631

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Schmidt

Signature of Treasurer

John Schmidt

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Louisiana Reform PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>14012.49</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>14012.49</div>	
(c) Total Receipts (from Line 19) .....	<div>28700</div>	<div>28700</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>42712.49</div>	<div>42712.49</div>
7. Total Disbursements (from Line 31).....	<div>29731.77</div>	<div>29731.77</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>12980.72</div>	<div>12980.72</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Louisiana Reform PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8400

8400

(ii) Unitemized .....

300

300

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

8700

8700

(b) Political Party Committees .....

0

0

(c) Other Political Committees

(such as PACs).....

20000

20000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

28700

28700

## 12. Transfers From Affiliated/Other

Party Committees.....

0

0

## 13. All Loans Received .....

0

0

## 14. Loan Repayments Received.....

0

0

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5) .....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

28700

28700

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

28700

28700

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	27731.77	27731.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27731.77	27731.77
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000	2000
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29731.77	29731.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29731.77	29731.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28700	28700
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28700	28700
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	27731.77	27731.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	27731.77	27731.77

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

No candidate benefitted from any of the expenditures on this report. For reimbursed expenses greater than \$200 to a particular vendor, a memo entry has been added to describe the vendor. Any other reimbursed expenses without a memo entry are below the \$200 threshold per vendor for the calendar year.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Paul Dickson**

Mailing Address PO Box 51367

City

Shreveport

State

LA

Zip Code

71135-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morris&amp; Dickson LLC

Occupation

Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

Transaction ID : 154-1749-c

Amount of Each Receipt this Period

1200

PAC Contribution

Full Name (Last, First, Middle Initial)

**B. Farida Baig**

Mailing Address 39328 Magnolia Trace

City

Ponchatoula

State

LA

Zip Code

70454-6920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

Transaction ID : 162-1757-c

Amount of Each Receipt this Period

300

PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Donald T Bollinger**

Mailing Address PO Box 250

City

Lockport

State

LA

Zip Code

70374-0250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bollinger Shipyards

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

Transaction ID : 328-1752-c

Amount of Each Receipt this Period

300

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael T. Gray**

Mailing Address **PO Box 6202**

City State Zip Code  
**Metairie LA 70009-6202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**The Gray Insurance Company**

Occupation  
**Owner**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600**

Date of Receipt

**02 / 11 / 2014**

**Transaction ID : 329-1758-c**

Amount of Each Receipt this Period

**300**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Michael T. Gray**

Mailing Address **PO Box 6202**

City State Zip Code  
**Metairie LA 70009-6202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**The Gray Insurance Company**

Occupation  
**Owner**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600**

Date of Receipt

**02 / 11 / 2014**

**Transaction ID : 329-1763-c**

Amount of Each Receipt this Period

**300**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Keith Van Meter**

Mailing Address **17 Carriage Lane**

City State Zip Code  
**New Orleans LA 70114-6724**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Keith Van Meter & Associates**

Occupation  
**Physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300**

Date of Receipt

**02 / 11 / 2014**

**Transaction ID : 436-1756-c**

Amount of Each Receipt this Period

**300**

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**900.00**



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 29  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

Full Name (Last, First, Middle Initial) <b>A. Roy O Martin III</b>			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 522-1762-c</b>		
Mailing Address PO Box 1110			Amount of Each Receipt this Period 600		
City Alexandria	State LA	Zip Code 71309-1110	PAC Contribution		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600		
Name of Employer Roy Marting Lumber Mgmt, LLC		Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. Jeff S Vitter</b>			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 598-1750-c</b>		
Mailing Address 2003 Palmer Court			Amount of Each Receipt this Period 300		
City Lawrence	State KS	Zip Code 66047-2054	PAC Contribution		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300		
Name of Employer University of Kansas		Occupation Provost	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Barry J Palmer</b>			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 833-1743-c</b>		
Mailing Address 3630 Aberdeen Way			Amount of Each Receipt this Period 300		
City Houston	State TX	Zip Code 77025-1938	PAC Contribution		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300		
Name of Employer Self employed		Occupation Lawyer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1200.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Bruce W Clement

Mailing Address 126 Rue De La Paix

City  
SlidellState  
LAZip Code  
70461-5300FEC ID number of contributing  
federal political committee.

C

Name of Employer

Slidell Memorial Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

Transaction ID : 834-1744-c

Amount of Each Receipt this Period

300

PAC Contribution

Full Name (Last, First, Middle Initial)

B. George E Mouldoux Jr

Mailing Address 2210 Jefferson Avenue

City

New Orleans

State

LA

Zip Code

70115-6461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

Transaction ID : 836-1746-c

Amount of Each Receipt this Period

300

PAC Contribution

Full Name (Last, First, Middle Initial)

C. Steve Anderson

Mailing Address 7379 Bellville Drive

City

Germantown

State

TN

Zip Code

38138-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Self employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2014

Transaction ID : 837-1747-c

Amount of Each Receipt this Period

300

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

<b>A. Donna Vitter</b> Full Name (Last, First, Middle Initial) Mailing Address 69 School Street City Somerville State MA Zip Code 02143-1707 FEC ID number of contributing federal political committee. C Name of Employer G E Oil and Gas Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 838-1748-c</b> Amount of Each Receipt this Period 300 PAC Contribution
<b>B. Scott Sewell</b> Full Name (Last, First, Middle Initial) Mailing Address 75 S Wren Street City New Orleans State LA Zip Code 70124-4113 FEC ID number of contributing federal political committee. C Name of Employer Delta Energy Management Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 839-1751-c</b> Amount of Each Receipt this Period 300 PAC Contribution
<b>C. Allison Talley</b> Full Name (Last, First, Middle Initial) Mailing Address 115 Mulberry Drive City Metairie State LA Zip Code 70005-4014 FEC ID number of contributing federal political committee. C Name of Employer Latte & Blum Occupation Relator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 840-1753-c</b> Amount of Each Receipt this Period 600 PAC Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		1200.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

<b>A. Ruth Atkins</b> Full Name (Last, First, Middle Initial) Mailing Address 333 Texas Street Suite 2300 City Shreveport State LA Zip Code 71101-3680 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 841-1754-c</b> Amount of Each Receipt this Period 300 PAC Contribution
<b>B. George Mahl</b> Full Name (Last, First, Middle Initial) Mailing Address 7217 Westinster Drive City Harahan State LA Zip Code 70123 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mahl and Associates Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 842-1755-c</b> Amount of Each Receipt this Period 300 PAC Contributions
<b>C. Mark Vitter</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Richmond Place City New Orleans State LA Zip Code 70115-5019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Jefferson Radiology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 843-1759-c</b> Amount of Each Receipt this Period 300 PAC Contributions
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		900.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

<b>A. Stephen Wimberly</b> Full Name (Last, First, Middle Initial) Mailing Address 239 Glendale Drive City State Zip Code Metairie LA 70001-5525 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Stone Pigman Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 844-1760-c</b> Amount of Each Receipt this Period 600 PAC Contribution		
<b>B. Michael F Holly</b> Full Name (Last, First, Middle Initial) Mailing Address 604 E Robert Street City State Zip Code Hammond LA 70401-2729 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Holly and Smith Architect Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 845-1761-c</b> Amount of Each Receipt this Period 300 PAC Contribution		
<b>C. Martha Jackoniski</b> Full Name (Last, First, Middle Initial) Mailing Address 2257 Edgartown Lane SE City State Zip Code Smyrna GA 30080-6575 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Tootie J Designs Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 847-1765-c</b> Amount of Each Receipt this Period 300 PAC Contribution		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1200.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 29  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

Full Name (Last, First, Middle Initial) <b>A. Albert L Vitter</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>02 / 11 / 2014</div> </div>	
Mailing Address 1710 Robert Street		<b>Transaction ID : 848-1766-c</b>	
City New Orleans	State LA	Zip Code 70115-4917	Amount of Each Receipt this Period <div> <div>300</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		PAC Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>300</div> </div>		

  

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> </div>		

  

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> </div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div>300.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div>8400.00</div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

<b>A. ARPAC</b> Full Name (Last, First, Middle Initial) Mailing Address Premier Tower 19th Floor 451 Florida Blvd City Baton Rouge State LA Zip Code 70801 FEC ID number of contributing federal political committee. <b>C</b> C00226472 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000		Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 51-1768-c</b> Amount of Each Receipt this Period 5000 PAC Contribution
<b>B. UPSPAC</b> Full Name (Last, First, Middle Initial) Mailing Address 55 Glenlake Parkway NE City Atlanta State GA Zip Code 30328-3474 FEC ID number of contributing federal political committee. <b>C</b> C00064766 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000		Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 197-1767-c</b> Amount of Each Receipt this Period 5000 PAC Contribution
<b>C. Deloitte Federal PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 365 City Washington State DC Zip Code 20044-0365 FEC ID number of contributing federal political committee. <b>C</b> C00211318 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000		Date of Receipt M M / D D / Y Y Y Y Y 02 / 21 / 2014 <b>Transaction ID : 689-1742-c</b> Amount of Each Receipt this Period 5000 PAC Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		15000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana Reform PAC**

Full Name (Last, First, Middle Initial)

## **A. Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209-2249

FEC ID number of contributing  
federal political committee.

**C** C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

**03 / 28 / 2014**

**Transaction ID : 442-1784-c**

Amount of Each Receipt this Period

5000

PAC Contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

20000.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Louisiana Reform PAC

### A. Monica H Schmidt

Date of Disbursement

Transaction ID : SB21B-165-1720-e

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

250

## B. CompleteCampaigns.com

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B-164-1702-e

00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

403

### C. Courtney Guastella

Date of Disbursement

Transaction ID : SB21B-103-1719-e

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

1653.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Mrs. Wendy Vitter**

Mailing Address 238 Helios Avenue

City

Metairie

State

LA

Zip Code

70005-3755

Purpose of Disbursement

Fundraising: Reimburse expenses

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2014

Transaction ID : SB21B-124-1718-e

Amount of Each Disbursement this Period

35.5

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address P.O. Box 36647 - 1-CR

City

Dallas

State

TX

Zip Code

75235-1647

Purpose of Disbursement

Travel: Airfare

002

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2014

Transaction ID : SB21B-345-1704-e

Amount of Each Disbursement this Period

571

Full Name (Last, First, Middle Initial)

**C. US Airways, Inc.**

Mailing Address 111 W Rio Salado Parkway

City

Tempe

State

AZ

Zip Code

85281-2880

Purpose of Disbursement

Travel: Airfare

002

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2014

Transaction ID : SB21B-167-1705-e

Amount of Each Disbursement this Period

335

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

941.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Louisiana Reform PAC

### A. Office Depot

Date of Disbursement

Mailing Address 755 Veterans Memorial Boulevard

City	State	Zip Code
Metairie	LA	70005-2850

Transaction ID : SB21B-692-1706-e

Purpose of Disbursement	
Fundraising: Fundraising supplies	

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### B. Ristorante Giuseppe

Date of Disbursement

Mailing Address 4800 Line Avenue

M M / D D / Y Y Y Y  
01 27 2014

City	State	Zip Code
Shreveport	LA	71106-1500

Transaction ID : SB21B-717-1707-e

Purpose of Disbursement
Fundraising: Fundraiser - food

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### C. Southwest Airlines

Date of Disbursement

Mailing Address P.O. Box 36647 - 1-CR

City	State	Zip Code
Dallas	TX	75235-1647

Transaction ID : SB21B-345-1708-e

Purpose of Disbursement
Travel: Airfare

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2169.22

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Louisiana Reform PAC

### A. Marriott World Center

Mailing Address 8701 World Center Drive

City	State	Zip Code
Orlando	FL	32821-6358

Purpose of Disbursement
Fundraising: Hotel/Lodging

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B-822-1716-e

Amount of Each Disbursement this Period

339

Full Name (Last, First, Middle Initial)

## B. Southwest Airlines

Mailing Address P.O. Box 36647 - 1-CR

City	State	Zip Code
Dallas	TX	75235-1647

Purpose of Disbursement
Travel: Airfare

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y  
01 29 2014

Transaction ID : SB21B-345-1721-e

Amount of Each Disbursement this Period

518

Full Name (Last, First, Middle Initial)

### C. The LS Group, Inc.

Mailing Address 912 F Street NW  
Apt. 1106

City	State	Zip Code
Washington	DC	20004-1451

Purpose of Disbursement
Fundraising: Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B-386-1717-e

Amount of Each Disbursement this Period

4800

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5657.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. The LS Group, Inc.**Mailing Address 912 F Street NW  
Apt. 1106

City Washington State DC Zip Code 20004-1451

Purpose of Disbursement  
Fundraising: Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 01 / 2014

Transaction ID : SB21B-386-1738-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Courtney Guastella**

Mailing Address 6048 Marshall Foch Street

City New Orleans State LA Zip Code 70124-3826

Purpose of Disbursement  
Fundraising: Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 01 / 2014

Transaction ID : SB21B-103-1737-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Monica H Schmidt**

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 01 / 2014

Transaction ID : SB21B-165-1736-e

Amount of Each Disbursement this Period

250

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie      State LA      Zip Code 70005-2850

Purpose of Disbursement  
Fundraising: Fundraising supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2014

Transaction ID : SB21B-692-1726-e

Amount of Each Disbursement this Period

67.5

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie      State LA      Zip Code 70005-2850

Purpose of Disbursement  
Fundraising: Fundraising Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2014

Transaction ID : SB21B-692-1769-e

Amount of Each Disbursement this Period

196.87

Full Name (Last, First, Middle Initial)

**C. Sue's Jewelry**

Mailing Address 3122 Metairie Road

City Metairie      State LA      Zip Code 70001-5303

Purpose of Disbursement  
Fundraising: Fundraising supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2014

Transaction ID : SB21B-419-1728-e

Amount of Each Disbursement this Period

356.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

620.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Mail & More**

Mailing Address 124 Robert E Lee Boulevard

City

New Orleans

State

LA

Zip Code

70124-2535

Purpose of Disbursement

Fundraising: Shipping/delivery service

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
02D D D /  
20Y Y Y Y Y Y  
2014

Transaction ID : SB21B-825-1729-e

Amount of Each Disbursement this Period

232.2

Full Name (Last, First, Middle Initial)

**B. Bistrot Du Coin**

Mailing Address 1738 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20009-1103

Purpose of Disbursement

Fundraising: Fundraiser - food

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
02D D D /  
21Y Y Y Y Y Y  
2014

Transaction ID : SB21B-826-1730-e

Amount of Each Disbursement this Period

234.42

Full Name (Last, First, Middle Initial)

**C. Hilton Washington & Towers**

Mailing Address 1919 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20009-5701

Purpose of Disbursement

Fundraising: Lodging/hotel

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
02D D D /  
21Y Y Y Y Y Y  
2014

Transaction ID : SB21B-423-1740-e

Amount of Each Disbursement this Period

6009.76

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6476.38



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Kerry Stockwell**

Mailing Address 6048 Marshall Foch Street

City

New Orleans

State

LA

Zip Code

70124-3826

Purpose of Disbursement

Fundraising: Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
02D D D /  
21Y Y Y Y Y Y  
2014

Transaction ID : SB21B-832-1741-e

Amount of Each Disbursement this Period

600

Full Name (Last, First, Middle Initial)

**B. Avis Rent A Car**

Mailing Address 6 Sylvan Way

City

Parsippany

State

NJ

Zip Code

07054-3826

Purpose of Disbursement

Travel: Transportation

002

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
02D D D /  
25Y Y Y Y Y Y  
2014

Transaction ID : SB21B-829-1732-e

Amount of Each Disbursement this Period

340.4

Full Name (Last, First, Middle Initial)

**C. US Airways, Inc.**

Mailing Address 111 W Rio Salado Parkway

City

Tempe

State

AZ

Zip Code

85281-2880

Purpose of Disbursement

Travel: Airfare

002

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
02D D D /  
25Y Y Y Y Y Y  
2014

Transaction ID : SB21B-167-1734-e

Amount of Each Disbursement this Period

79

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1019.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. The LS Group, Inc.**Mailing Address 912 F Street NW  
Apt. 1106

City Washington State DC Zip Code 20004-1451

Purpose of Disbursement  
Fundraising: Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

Transaction ID : SB21B-386-1778-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Monica H Schmidt**

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

Transaction ID : SB21B-165-1779-e

Amount of Each Disbursement this Period

250

Full Name (Last, First, Middle Initial)

**C. CompleteCampaigns.com**Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Software/software licensing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 10 2014

Transaction ID : SB21B-164-1771-e

Amount of Each Disbursement this Period

403

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1653.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie      State LA      Zip Code 70005-2850

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2014

Transaction ID : SB21B-692-1772-e

Amount of Each Disbursement this Period

169.48

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie      State LA      Zip Code 70005-2850

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2014

Transaction ID : SB21B-692-1773-e

Amount of Each Disbursement this Period

53.28

Full Name (Last, First, Middle Initial)

**C. Hilton Washington & Towers**

Mailing Address 1919 Connecticut Avenue NW

City Washington      State DC      Zip Code 20009-5701

Purpose of Disbursement  
Fundraising: Lodging/hotel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2014

Transaction ID : SB21B-423-1782-e

Amount of Each Disbursement this Period

1191.16

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1413.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Louisiana Reform PAC

**A. Mrs. Wendy Vitter**

Date of Disbursement

Mailing Address 238 Helios Avenue

City	State	Zip Code
Metairie	LA	70005-3755

Transaction ID : SB21B-124-1783-e

Purpose of Disbursement	
Fundraising supplies - Blue Frog Chocolates	\$483.81, Perlis \$302.48

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1355.28

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1355.28

**TOTAL** This Period (last page this line number only).....

26128.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

**A. Team Graham Inc**

Mailing Address PO Box 1801

City	State	Zip Code
Columbia	SC	29202-1801

Purpose of Disbursement  
Political Contribution: PAC Contribution

011

Candidate Name

Lindsey Graham

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : SB23-818-1780-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Ed Gillespie For Senate**

Mailing Address PO Box 71596

City	State	Zip Code
Richmond	VA	23255-1596

Purpose of Disbursement  
Political Contribution: PAC Contribution

011

Candidate Name

Edward W Gillespie

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SB23-851-1781-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

2000.00